

15

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# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

22

Attorney Docket Number

GA0150C

<b>ENCLOSURES (check all that apply)</b>			
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached  <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final  <input type="checkbox"/> Affidavits/declaration(s)  <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request  <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s)  <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter  <input checked="" type="checkbox"/> Other Enclosure(s) <small>(please identify below):</small> PTO Form 1449 (1 sheet); copy of Sahin reference (4 sheets); and return postcard	
<b>Remarks</b>			

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm	GENZYME CORPORATION 15 Pleasant Street Connector Framingham, Massachusetts 01701-9322		
Signature			
Printed Name	Jennifer D. Tousignant		
Date	January 14, 2005	Reg. No.	54,498

## CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

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Typed or printed name	TARYN ANTALEK
Date	January 14, 2005

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# FEES TRANSMITTAL for FY 2005

Effective 10/01/2004. Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)

1,020

## Complete if Known

Application Number	09/826,609
Filing Date	April 5, 2001
First Named Inventor	ROBERTS, Bruce
Examiner Name	Karen A. Canella
Art Unit	1642
Attorney Docket No.	GA0150C

## METHOD OF PAYMENT (check all that apply)

Check    Credit card    Money Order    Other    None

Deposit Account:

Deposit Account Number	07-1074
Deposit Account Name	GENZYME CORPORATION

The Director is authorized to: (check all that apply)

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Change any additional fee(s) or any underpayment of fee(s)

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## FEE CALCULATION (continued)

## 3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code (\$)	Fee Code (\$)	Fee Code (\$)	Fee Code (\$)
1051	130	2051	65
1052	50	2052	25
1053	130	1053	130
1812	2,520	1812	2,520
1804	920*	1804	920*
1805	1,840*	1805	1,840*
1251	110	2251	55
1252	430	2252	215
1253	980	2253	490
1254	1,530	2254	765
1255	2,080	2255	1,040
1401	340	2401	170
1402	340	2402	170
1403	300	2403	150
1451	1,510	1451	1,510
1452	110	2452	55
1453	1,370	2453	685
1501	1,370	2501	685
1502	490	2502	245
1503	660	2503	330
1480	130	1480	130
1807	50	1807	50
1806	180	1806	180
8021	40	8021	40
1809	790	2809	395
1810	790	2810	395
1801	790	2801	395
1802	900	1802	900
Other fee (specify) _____			

\*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$ 1,020)

## 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	Extra Claims below	Fee from below	Fee Paid
Independent Claims	-20 **	= 0	X = 0
Multiple Dependent	-3 **	= 0	X = 0
			X = 0
Large Entity	Small Entity		
Fee Code (\$)	Fee Code (\$)	Fee Description	
1202	18	2202	9
1201	68	2201	44
1203	300	2203	150
1204	68	2204	44
1205	18	2205	9
SUBTOTAL (2) (\$ 0)			

\*\*or number previously paid, if greater; For Reissues, see above

SUBTOTAL (3) (\$ 1,020)

## SUBMITTED BY

## Complete (if applicable)

Name (Print/Type)	Jennifer D. Tousignant	Registration No. (Attorney/Agent)	54,498	Telephone	508-270-2499
Signature					

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